

wastage of human skills and abilities among a substantial proportion of the population.

Policies intended to divorce health from deprivation have proved largely ineffective. Reducing the burden of excess mortality attributable to relative deprivation depends on reducing social and economic inequalities themselves. At a recent conference on social variations in coronary heart disease, emeritus professor Jerry Morris made an impassioned plea for a royal commission on policy related to social divisions and national prosperity.

The deep divisions in our society are both a reflection and a cause of financial and human waste on a scale we cannot afford. Their effects reach far beyond health into all areas of human functioning, from economic performance to the quality of life. It is not just a matter of recognising that society exists or of expressing the vain hope of making it classless. It is a matter of discovering how to achieve a more harmonious integration of social and economic forces capable of ensuring our future prosperity and wellbeing. Morris argued that a royal commission was needed because so many government departments have a role. This is an urgent, complicated, and technical issue, and it is one in which many countries are making much better progress than Britain. The pressures to

defend political records or gain party advantage are not conducive to the kind of thinking that is needed.

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What happens to the children of single parent families?

Limited research suggests that socioeconomic circumstances are important

The wellbeing of children growing up in single parent families has long attracted concern. There are fears that they may fare less well physically, psychologically, economically, and socially than children from intact, two parent families. Some of these children from lone parent families will have parents who have separated or divorced. Others will have suffered the death of a parent. Some may well have only ever lived with one parent.

Children living with their single, never married mothers have become the focus of recent anxiety, perhaps because this group of mothers has been the fastest growing group of lone parents.¹ At the most recent count (1991) a third of lone parents, caring for more than two million children, were single, never married mothers. Some of these mothers, however, may at some time have lived with the fathers of their children.

Some early research looked at children born "illegitimate," but until recently research concentrated on children whose parents had separated or divorced—probably because of anxiety about the increasing divorce rate in the 1960s. But we know little of the children of today's single, never married mothers, who have been in the eye of the recent political storm.

The Family Policy Studies Centre has recently published a review of mainly British research on the outcomes for children who have either experienced family disruption or lived with a lone parent, or both.² It looks at how these children fared on a range of social, economic, and psychological measures compared with children who live with both their natural parents. These measures include their health at birth, physical development, psychological reaction to the separation of their parents, and educational achievements.

Several methodological "health warnings" are in order before interpreting the results of these studies. Doubts may arise, for example, over the applicability to today's children of

these studies of children born in the 1940s and 1950s when illegitimate children would have been something of a rarity. Nor can causation be assured—for example, children's disruptive behaviour could both contribute to and result from family disruption. Causal relations are even harder to establish for outcomes measured in adulthood, such as occupational status. Finally, the results are averages for groups of children and are not applicable to individual children.

Early studies found that, while children born illegitimately lived initially with their mother alone, most were in families with two parents by the age of 7 and a quarter were living with both their natural parents. In general, the research findings suggested that their average health prospects were lower at birth. Researchers who used data from the 1958 British mortality survey found that overall mortality was higher among babies born illegitimate in this cohort and that a higher proportion had a low birth weight (<2500 g). These differences remained even after birth weight, the birth position of the babies, social class, and the age and smoking habits of the mother were controlled for.³ The mothers of illegitimate babies were less likely to have received antenatal care. But illegitimate babies reached developmental milestones at much the same time as legitimate controls and had no greater incidence of physical defects.

Measures of psychological development and behaviour suggest that illegitimate children are more likely to be maladjusted and less academically successful than those in two parent families. But among the illegitimate group better results have been achieved on some measures by children who remained living with their mother alone than by those who subsequently lived with both their natural parents.

The nature of the family disruption may be more important than either the disruption itself or the type of family structure that results. For example, children who live with lone parents who have been widowed often do as well as their peers

in intact families. On the other hand, children who have experienced the separation or divorce of their parents often have poorer average outcomes than those who have not.⁴

This pattern seems to be repeated in stepfamilies. Children whose widowed parents have formed new relationships may have even better average outcomes than children in intact families. Yet children whose parents live with a new partner after separation and divorce often compare unfavourably with their peers living with both their parents.

What accounts for these differences? After controlling for social class, researchers suggest a range of psychological, social, and economic factors to explain remaining differences. These factors may, of course, precede any disruption or occur afterwards, or both. For the children born illegitimate the most pertinent factor was thought to be the financial hardship

experienced by their families.

Why outcomes were not automatically "better" when a two parent family was established is a matter for speculation. Perhaps this alone could not make up for their poor socioeconomic circumstances. The "disruption" could also have been a disturbing factor—even if only in the short run.

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Threats to health and safety in the workplace in Britain

Time for doctors to speak up

The *Health of the Nation* paid scant attention to occupational health but noted that better working conditions had contributed to better health.¹ The government is now, however, pursuing a strategy hostile to improvements in working conditions.

The strategy has taken three forms. Firstly, the chancellor has cut the budgets of the Health and Safety Commission and Health and Safety Executive by 2.6% for 1994-5; this is double the cut imposed on public expenditure generally. This means that the Health and Safety Executive faces job losses and cuts in services.² Secondly, the leadership of the Health and Safety Commission has changed: its new part time chairman, who apparently has no experience of occupational health and safety, works just three days a week, and one new commission member is a former member of parliament committed to privatisation.³ Thirdly, the ideology of deregulation is being promulgated by health and safety deregulation task groups and a Deregulation and Contracting Bill published early this year.⁴

No one would object to deregulation as a way of removing out of date and superfluous regulations.^{5,6} Yet none of the documentation from government departments justifies substantial changes in health and safety controls and enforcement.⁶ Weaker laws on health and safety have been mooted, and certain groups of workers—especially construction workers and temporary workers—seem likely to receive poorer protection in the workplace.^{7,8} Although the likely effects of the bill are not yet clear,⁹ the narrow ideological base for government action has received little support from representatives of the Confederation of British Industry and Trades Union Congress sitting on deregulation task groups of the Health and Safety Commission—they could find little evidence of alleged burdens placed on business by health and safety law.¹⁰

Nevertheless, 100 of the 450 pieces of government bureaucracy identified for change by the Department of Trade and Industry's deregulation task forces are concerned with health and safety.¹¹ Proposed changes include reassessing costs and benefits of current and future European Union directives on the basis of professional, business based costs and benefits.¹¹ A shift away from prescriptive requirements in regulations and codes towards general goal based duties of

care is also advocated. Such moves could weaken both the enforcement and effect of much health and safety legislation by making the impact of the regulations difficult to measure and enforce. Other proposals of the Department of Trade and Industry for reform include reducing workers' rights to consultation on health and safety, weakening guidance on assessments of the risk of injury from manual handling, and charging temporary employees for certain types of personal protective equipment.

Despite government statements to the contrary many people fear that the government's ideological commitment to deregulation will dominate its strategy on health and safety at work. The government constantly floats radical proposals, draws back, and then introduces them gradually and often completely once resistance has faded. This government's policies on energy, employment, education, and, many would argue, the NHS illustrate the damage already done to vital public services.

The toll taken by occupational diseases continues to grow, and further evidence is emerging from the Health and Safety Executive on the damage to employees' health done by work.^{12,13} Occupational diseases and diseases related to occupation remain important causes of pain, suffering, and economic damage in the working population.^{5,14,15} Additional information from the Health and Safety Executive estimated that the cost of accidents and ill health at work is equivalent to between 2% and 3% of Britain's gross domestic product each year.¹⁶ The government's plans have produced an outcry from professional health and safety journals and workplace health and safety groups.^{4,9} Yet neither the medical press nor those bodies representing occupational physicians have apparently spoken out against the cuts to the Health and Safety Commission and proposals for deregulation.

Health and safety practitioners know that many small and medium sized enterprises may be either ignorant of or indifferent to occupational hazards in their workplaces. Employees in such enterprises face some of the most serious health hazards and have inadequate protection through the small number of the Health and Safety Executive's inspectors (1400 field and policy inspectors covering about a million workplaces) and the declining resources of government departments. The government's proposals for deregulation